

Fill in this information to identify the caseDebtor name CD II Fashions, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORKCase number (if known) 20-11101-mew Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase account _____ 7 7 2 3 \$31,769.374. Other cash equivalents (*Identify all*)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$31,769.37**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

Debtor	<u>CD II Fashions, LLC</u> Name	Case number (if known)	<u>20-11101-mew</u>
General description		Date of the last physical inventory	Net book value of debtor's interest (Where available)
19. Raw materials		MM/DD/YYYY	
20. Work in progress			
21. Finished goods, including goods held for resale			
Women's apparel	01/01/2020	\$5,059,553.56	\$5,095,553.56
22. Other inventory or supplies			
23. Total of Part 5		\$5,095,553.56	
Add lines 19 through 22. Copy the total to line 84.			
24. Is any of the property listed in Part 5 perishable?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)			
27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?			
<input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Fill in the information below.			
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value
28. Crops--either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.		\$0.00	
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$2,575.66		\$2,575.66

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$2,575.66

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			

48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No

Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No

Yes

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

Part 9: Real property**54. Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

4 registered trademarks and 9 common law trademarks _____ **\$250,000.00**

61. Internet domain names and websites**62. Licenses, franchises, and royalties****63. Customer lists, mailing lists, or other compilations****64. Other intangibles, or intellectual property****65. Goodwill**

Goodwill _____ **\$1,616,666.66** _____ **\$1,616,666.66**

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$1,866,666.66

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes. Fill in the information below.

	Current value of debtor's interest
71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76. Trusts, equitable or future interests in property	
77. Other property of any kind not already listed Examples: Season tickets, country club membership	
Overpayments and wire fees to be charged back to 3 vendors	\$275.00
78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$275.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No

Yes

Debtor CD II Fashions, LLC
 Name _____ Case number (if known) 20-11101-mew

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$31,769.37</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$4,586,611.17</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$5,095,553.56</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$2,575.66</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9.....	→	<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$1,866,666.66</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$275.00</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$11,583,451.42</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$11,583,451.42</u>

Fill in this information to identify the case:Debtor name CD II Fashions, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORKCase number (if known) 20-11101-mew Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	---

2.1 Creditor's name <u>The CIT Group/Commercial Services, In</u>	Describe debtor's property that is subject to a lien	<u>\$3,803,336.01</u>
Creditor's mailing address <u>11 W 42nd Street</u>	All assets, including inventory, accounts, etc.	
	Describe the lien <u>Agreement</u>	
	Is the creditor an insider or related party? <u>New York NY 10036</u>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Creditor's email address, if known	Is anyone else liable on this claim?	
Date debt was incurred	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Last 4 digits of account number	As of the petition filing date, the claim is:	
Do multiple creditors have an interest in the same property?	Check all that apply.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$3,803,336.01**

Debtor

CD II Fashions, LLCCase number (if known) 20-11101-mew**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the
related creditor?Last 4 digits of
account number
for this entityJosh Divack, Esq.Line 2.1Hahn & Hessen LLP488 Madison AvenueNew YorkNY 10022

Fill in this information to identify the case:Debtor **CD II Fashions, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number **20-11101-mew**
(if known) Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Adina Carkhum 603A Halsey Street Brooklyn NY 11233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Paid time off</u>	\$600.00 \$600.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)		
2.2	Priority creditor's name and mailing address Alla Dupont 3206 47th St, Apt 6E Astoria NY 11103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Paid time off</u>	\$1,384.62 \$1,384.62
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)		

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3	Priority creditor's name and mailing address <u>Christine M. Duxbury</u> <u>32-42 33rd St, Apt B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$519.23	\$519.23
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.4	Priority creditor's name and mailing address <u>Christopher G. Marko</u> <u>644 5th Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,096.16	\$1,096.16
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.5	Priority creditor's name and mailing address <u>Elaine Yick-Kay Cheung</u> <u>30 Great Oaks Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$462.00	\$462.00
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$576.92	\$576.92
<u>Elizabeth Acevedo</u>		<input type="checkbox"/> Contingent		
<u>275 E. 201 Street, Apt 6E</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Bronx NY 10458</u>		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,400.00	\$2,400.00
<u>Emily S. Platt</u>		<input type="checkbox"/> Contingent		
<u>1530 Palisade Ave #28H</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Fort Lee NJ 07024</u>		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$750.00	\$750.00
<u>Grace Suarez</u>		<input type="checkbox"/> Contingent		
<u>1253 Lincoln Pl, Apt 5</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Brooklyn NY 11213</u>		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.9	Priority creditor's name and mailing address <u>Janelle S. Russ</u> <u>15 W. 139th St</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,384.62</u>	<u>\$1,384.62</u>
		Basis for the claim: <u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.10	Priority creditor's name and mailing address <u>Kristina Nunziato</u> <u>30 Argyle Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,096.16</u>	<u>\$1,096.16</u>
		Basis for the claim: <u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.11	Priority creditor's name and mailing address <u>Lyudmila Brodsky</u> <u>451 Wellington Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$923.08</u>	<u>\$923.08</u>
		Basis for the claim: <u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.12	Priority creditor's name and mailing address <u>Mandy Jing Wen Li</u> <u>91-05 217th Street</u> _____ <u>Queens Village</u> <u>NY</u> <u>11428</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						
2.13	Priority creditor's name and mailing address <u>Marc J. Kurtz</u> <u>1912 Ocean Parkway</u> _____ <u>Brooklyn</u> <u>NY</u> <u>11223</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$692.31</u>	<u>\$692.31</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						
2.14	Priority creditor's name and mailing address <u>Marina Tchetchoura</u> <u>2077 Center Ave, Apt 21C</u> _____ <u>Fort Lee</u> <u>NJ</u> <u>07024</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$523.08</u>	<u>\$523.08</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.15	Priority creditor's name and mailing address <u>Mary E.Tomey</u> <u>100 Essex Avenue</u> _____ <u>Glen Ridge</u> <u>NJ</u> <u>07028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,038.46	\$1,038.46
Date or dates debt was incurred		Basis for the claim: <u>Paid time off</u>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.16	Priority creditor's name and mailing address <u>Maya Cecile Jean</u> <u>1237 New York Avenue</u> _____ <u>Brooklyn</u> <u>NY</u> <u>11203</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$542.31	\$542.31
Date or dates debt was incurred		Basis for the claim: <u>Paid time off</u>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.17	Priority creditor's name and mailing address <u>Mei Ting Tan</u> <u>141 East 13th St, Apt R1A</u> _____ <u>New York</u> <u>NY</u> <u>10003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,038.46	\$1,038.46
Date or dates debt was incurred		Basis for the claim: <u>Paid time off</u>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.18	Priority creditor's name and mailing address <u>Michelle Miaoxiang Lei</u> <u>680 81st St #1J</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$456.92	\$456.92
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.19	Priority creditor's name and mailing address <u>Mohit K. Srivastava</u> <u>45 12th St</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,038.46	\$1,038.46
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.20	Priority creditor's name and mailing address <u>Natalia G. Poveda</u> <u>55-05 Woodside Ave</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	\$0.00
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
		<u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.21	Priority creditor's name and mailing address <u>Nikita Choksi</u> <u>5 Cypress Court</u> _____ <u>Princeton Meadows</u> <u>NJ</u> <u>08536</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$784.62</u>	<u>\$784.62</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						
2.22	Priority creditor's name and mailing address <u>Nilda Garabo</u> <u>9 Bartha Avenue</u> _____ <u>Edison</u> <u>NJ</u> <u>08817</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						
2.23	Priority creditor's name and mailing address <u>Orlinda J. Young</u> <u>87-15 Britton Avenue, Apt 33</u> _____ <u>Elmhurst</u> <u>NY</u> <u>11373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	<u>\$300.00</u>	<u>\$300.00</u>
		Basis for the claim:	<u>Paid time off</u>				
	Date or dates debt was incurred	Is the claim subject to offset?					
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)						

Part 1: Additional Page

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Total claim Priority amount

2.24	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$376.92	\$376.92
<u>Patricia A. Whipple</u>		<input type="checkbox"/> Contingent		
<u>255 Dogwood Road</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Valley Stream NY 11580</u>		Basis for the claim:		
		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.25	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$780.00	\$780.00
<u>Patricia J. Prussack</u>		<input type="checkbox"/> Contingent		
<u>22 Sally Street</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Howell NJ 07731</u>		Basis for the claim:		
		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				
2.26	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$519.23	\$519.23
<u>Rebecca M. Rivera</u>		<input type="checkbox"/> Contingent		
<u>61 Fifth Ave, Apt 2R</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Brooklyn NY 11217</u>		Basis for the claim:		
		<u>Paid time off</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				

Part 1: Additional Page

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Total claim Priority amount

2.27	Priority creditor's name and mailing address <u>Sang Rhee</u> <u>100 Winston Dr., Apt 12BS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$538.46	\$538.46
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Basis for the claim: <u>Paid time off</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.28	Priority creditor's name and mailing address <u>Tenpa Dhargyal</u> <u>52-34 79th St</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$264.00	\$264.00
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Basis for the claim: <u>Paid time off</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.29	Priority creditor's name and mailing address <u>Theresa Chernosky</u> <u>303 Stockholm St</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$634.62	\$634.62
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Basis for the claim: <u>Paid time off</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.30 Priority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$519.23 \$519.23

Thomas M. Gilligan
203 Chrystie St

Contingent
 Unliquidated
 Disputed

New York **NY** **10002** Basis for the claim:
Paid time off

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

2.31 Priority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$420.00 \$420.00

Tiffany Yanchung Zhang
27 Star Ct.

Contingent
 Unliquidated
 Disputed

Staten Island **NY** **10312** Basis for the claim:
Paid time off

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

2.32 Priority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$161.54 \$161.54

Tirsa Sumilat
1501 Colonial Gardens Dr.

Contingent
 Unliquidated
 Disputed

Avenel **NJ** **07001** Basis for the claim:
Paid time off

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.33	Priority creditor's name and mailing address <u>Vince S. Tsang</u> <u>75 Montgomery St., Apt 20B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$773.08	\$773.08
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	New York NY 10002	Basis for the claim: <u>Paid time off</u>		
	Date or dates debt was incurred	Is the claim subject to offset?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)				

Debtor **CD II Fashions, LLC** Case number (if known) **20-11101-mew**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$403.13
<u>Absolute Packing & Supply Inc.</u>		<u>456 E 22nd St.</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Paterson</u>		<u>NJ 07514</u>	Basis for the claim: <u>Supplies</u>	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		— — — —	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		<u>\$1,002,820.47</u>
<u>AEC Apparel, Inc.</u>		<u>231 W 39th Street, Rm 302</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>New York</u>		<u>NY 10018</u>	Basis for the claim: <u>Product</u>	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		— — — —	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		<u>\$141,661.82</u>
<u>Ally NYC</u>		<u>230 W 39th St., Rm 525</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>New York</u>		<u>NY 10019</u>	Basis for the claim: <u>Product</u>	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		— — — —	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		<u>\$204.69</u>
<u>Avery Dennison Hong Kong B.V.</u>		<u>1/F, 7 Chun Yin Street</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Tseung Kwan O Industrial Estate</u>		<u>New Territories, Hong Kong</u>	Basis for the claim: <u>Supplies/labels</u>	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		— — — —	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address <u>CDW Direct</u> <u>P.O. Box 75723</u> <hr/> <u>Chicago</u> <u>IL</u> <u>60675</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,071.91	
Basis for the claim: <u>IT supplies</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.6		Nonpriority creditor's name and mailing address <u>Choudary Garments</u> <u>aka RAS International</u> <u>126 Aristople Way</u> <hr/> <u>East Windsor</u> <u>NJ</u> <u>08512</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,226,252.91
Basis for the claim: <u>Product</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.7		Nonpriority creditor's name and mailing address <u>Design Collection, Inc.</u> <u>2209 S. Santa Fe Avenue</u> <hr/> <u>Los Angeles</u> <u>CA</u> <u>90058</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$914,770.32
Basis for the claim: <u>Product</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.8		Nonpriority creditor's name and mailing address <u>Digifab Systems</u> <u>5015 Pacific Blvd</u> <hr/> <u>Los Angeles</u> <u>CA</u> <u>90058</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,376.00
Basis for the claim: <u>IT expenses</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				

Part 2: Additional Page

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Amount of claim

3.9	Nonpriority creditor's name and mailing address <u>Emily Ray</u> <u>20 Riverwood Avenue</u> <u>Bedminster</u> <u>NJ</u> <u>07921</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Consulting services</u>	Amount of claim <u>\$1,878.75</u>
Date or dates debt was incurred <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <u> </u>				
<hr/>				
3.10	Nonpriority creditor's name and mailing address <u>Etiwanda Logistics, Inc.</u> <u>7551 Cherry Avenue, UNit B</u> <u>Fontana</u> <u>CA</u> <u>92336</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Warehousing</u>	Amount of claim <u>\$1,770.59</u>
Date or dates debt was incurred <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <u> </u>				
<hr/>				
3.11	Nonpriority creditor's name and mailing address <u>FedEx</u> <u>P.O. Box 371461</u> <u>Pittsburgh</u> <u>PA</u> <u>15250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Overnight delivery</u>	Amount of claim <u>\$2,012.42</u>
Date or dates debt was incurred <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <u> </u>				
<hr/>				
3.12	Nonpriority creditor's name and mailing address <u>Fineness Enterprise Co., Ltd.</u> <u>10F, No. 34, Sec. 5</u> <u>Nanking E. Rd.</u> <u>Taipei, Taiwan</u> Date or dates debt was incurred <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Product</u>	Amount of claim <u>\$323,007.56</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: Additional Page

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Amount of claim

3.13	Nonpriority creditor's name and mailing address <u>Galaxy Express LLC</u> <u>P.O. Box 15096</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,885.00	
Basis for the claim: <u>North Brunswick</u> <u>NJ</u> <u>08902</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.14		Nonpriority creditor's name and mailing address <u>Gianilda Olivo</u> <u>245 NE 14th Street</u> <u>Apt 3101</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,650.00
Basis for the claim: <u>Miami</u> <u>FL</u> <u>33132</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.15		Nonpriority creditor's name and mailing address <u>Global Asset Services LLC</u> <u>555 Eighth Avenue</u> <u>Suite 1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Basis for the claim: <u>New York</u> <u>NY</u> <u>10018</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				
3.16		Nonpriority creditor's name and mailing address <u>Group Four Design Studio Ltd.</u> <u>325 Fifth Avenue #15C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,575.00
Basis for the claim: <u>New York</u> <u>NY</u> <u>10016</u>				
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____				

Part 2: Additional Page

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Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>Hangzhou Joy in Fashions</u> <u>Room 1502 Xingguang Center</u> <u>No 9 Taian Road, Binjiang No. 777</u> <u>Shangia 200050 China</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$127,509.62
		Basis for the claim: <u>Product</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.18	Nonpriority creditor's name and mailing address <u>Intertek</u> <u>P.O. Box 99959</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,945.96
		Basis for the claim: <u>Testing expenses</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.19	Nonpriority creditor's name and mailing address <u>Intertrade Systems Inc.</u> <u>P.O. Box 55811</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$435.50
		Basis for the claim: <u>IT - ecatalogue</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.20	Nonpriority creditor's name and mailing address <u>Intl Communication Combine Worldwide Inc</u> <u>134 W 29th St, Suite 602</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,103.52
		Basis for the claim: <u>Trucking/freight</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Part 2: Additional Page

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Amount of claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,000,000.00
<u>Jump Design Group, Inc.</u> <u>1400 Broadway, 2nd Floor</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>New York</u> <u>NY</u> <u>10018</u>		Basis for the claim: <u>Working capital</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,300.00
<u>M. Collection</u> <u>2 Old Stone Bridge Road</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Cos Cob</u> <u>CT</u> <u>06807</u>		Basis for the claim: <u>Consulting expenses</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,915.18
<u>Millennium Technologies</u> <u>11 High Street</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Butler</u> <u>NJ</u> <u>07405</u>		Basis for the claim: <u>IT services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$923,055.60
<u>Nantong Kyueda Trading Co, Ltd.</u> <u>No. 9 Shuanglou Road</u> <u>Qutang Town, Haian, Jiangsu</u> <u>226600 China</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: <u>Product</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25	Nonpriority creditor's name and mailing address <u>Oxford Health Plans</u> <u>P.O. Box 1697</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,084.05
 <u>Newark</u> NJ 07101		Basis for the claim: <u>Healthcare expenses</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.26	Nonpriority creditor's name and mailing address <u>Polaris Handelsgesellschaft</u> <u>Landstraber Haupstrabe</u> <u>146-148/16, B2A A-1030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,267,743.03
 <u>Vienna, Austria</u>		Basis for the claim: <u>Product</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.27	Nonpriority creditor's name and mailing address <u>Pro Graphics</u> <u>3 W Main Street #100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$594.46
 <u>Elmsford</u> NY 10523		Basis for the claim: <u>IT expenses and maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.28	Nonpriority creditor's name and mailing address <u>State Artist Management</u> <u>525 Seventh Avenue, Suite 904</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,755.00
 <u>New York</u> NY 10018		Basis for the claim: <u>Consulting services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$527,008.59
<u>TCW Trends, Inc. Torrance</u>		<input type="checkbox"/> Contingent	
<u>c/o Rosenthal & Rosenthal, Inc.</u>		<input type="checkbox"/> Unliquidated	
<u>P.O. Box 88926</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Product</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,832,524.39
<u>Temost Investments Ltd.</u>		<input type="checkbox"/> Contingent	
<u>#902 9/F Kwai Cheong Ctr.</u>		<input type="checkbox"/> Unliquidated	
<u>40-52 Kwai Cheong Rd</u>		<input type="checkbox"/> Disputed	
<u>Kwai Cheung</u>		Basis for the claim:	
		<u>Product</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,453.95
<u>The Agency Worx, LLC</u>		<input type="checkbox"/> Contingent	
<u>1261 Broadway, Suite 1002</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>New York</u>		<u>Consulting expenses</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,170.08
<u>VSG Korea Co.</u>		<input type="checkbox"/> Contingent	
<u>2 Fl, 58 Achason-Ro</u>		<input type="checkbox"/> Unliquidated	
<u>Seongdong-Gu</u>		<input type="checkbox"/> Disputed	
<u>Seoul, Korea</u>		Basis for the claim:	
		<u>Product</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.33	Nonpriority creditor's name and mailing address <u>W. B. Mason, Inc.</u> <u>59 Centre Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$2,123.20
Basis for the claim: <u>Office supplies</u>		
Date or dates debt was incurred _____		
Last 4 digits of account number _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.34		
Nonpriority creditor's name and mailing address <u>Wakefield Design Studio LLC</u> <u>239 E. Muriel Street</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$2,000.00
Basis for the claim: <u>Consulting services</u>		
Date or dates debt was incurred _____		
Last 4 digits of account number _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35		
Nonpriority creditor's name and mailing address <u>Yankee Clipper Distribution of Brunswick</u> <u>2400 Route 1 North</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$63,089.71
Basis for the claim: <u>Warehousing</u>		
Date or dates debt was incurred _____		
Last 4 digits of account number _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

CD II Fashions, LLCCase number (if known) 20-11101-mew**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>David L. Stevens, Esq.</u> <u>Scura Wigfield et al</u> <u>1599 Hamburg Turnpike</u> <u>Wayne NJ 07470</u>	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain: Notice Only	— — — —
4.2	<u>Department of Treasury</u> <u>Internal Revenue Service</u> <u>Kansas City MO 64999-0002</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	— — — —
4.3	<u>Michael Langer, Esq.</u> <u>Law Offices of Michael Langer</u> <u>114 Old Country Road, Suite 690</u> <u>Mineola NY 11501</u>	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain:	— — — —
4.4	<u>Michael Langer, Esq.</u> <u>Law Offices of Michael Langer</u> <u>114 Old Country Road, Suite 690</u> <u>Mineola NY 11501</u>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain:	— — — —
4.5	<u>NYC Dept of Finance</u> <u>66 John St, 3rd Floor</u> <u>New York NY 10038-3735</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	— — — —
4.6	<u>NYS Dept of Taxation & Finance</u> <u>Bankruptcy Section</u> <u>P.O. Box 5300</u> <u>Albany NY 12205-0300</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	— — — —

Debtor CD II Fashions, LLC **Case number (if known)** 20-11101-mew

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	Tracy Klestadt, Esq.	Line <u>3.26</u>
	Klestadt Winters et al.	<input type="checkbox"/> Not listed. Explain:
	200 W 41st Street, 17th Floor	_____
	New York NY 10036-7203	_____
4.8	US Attorney, SDNY	Line _____
	86 Chambers St	<input checked="" type="checkbox"/> Not listed. Explain: Notice Only
	New York NY 10007	_____

Debtor

CD II Fashions, LLCCase number (if known) 20-11101-mew**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$22,594.49</u>
5b. Total claims from Part 2	5b. + <u>\$14,417,152.41</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$14,439,746.90</u>

Fill in this information to identify the case:

Debtor name CD II Fashions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number 20-11101-mew Chapter 7

Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

Factoring and other related agreements

The CIT Group/Commercial Services, Inc.

11 W 42nd Street

State the term remaining

List the contract number of any government contract

New York

NY

10036

Fill in this information to identify the case:Debtor name **CD II Fashions, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **20-11101-mew** Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor	Column 2: Creditor	<i>Check all schedules that apply:</i>
Name	Mailing address	Name	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.1 Jump Design Goup, Inc.	1400 Broadway, 2nd Floor Number Street	The CIT Group/Commercial Services, Inc.	
	New York City	NY 10018 State ZIP Code	

Fill in this information to identify the case:

Debtor Name CD II Fashions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known): 20-11101-mew

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	<u>\$0.00</u>
1b. Total personal property: Copy line 91A from Schedule A/B.....	<u>\$11,583,451.42</u>
1c. Total of all property Copy line 92 from Schedule A/B.....	<u>\$11,583,451.42</u>

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$3,803,336.01

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>\$22,594.49</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	<u>+ \$14,417,152.41</u>

4. **Total liabilities**

Lines 2 + 3a + 3b.....

\$18,243,082.91

Fill in this information to identify the case and this filing:

Debtor Name CD II Fashions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 20-11101-mew

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/29/2020
MM / DD / YYYY

X /s/ Glenn Schlossberg
Signature of individual signing on behalf of debtor

Glenn Schlossberg

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:Debtor name CD II Fashions, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORKCase number (if known) 20-11101-mew Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business** None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>01/01/2020</u> to MM / DD / YYYY	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$16,578,717.04
For prior year:	From <u>01/01/2019</u> to MM / DD / YYYY	<u>12/31/2019</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$82,857,392.28
For the year before that:	From <u>01/01/2018</u> to MM / DD / YYYY	<u>12/31/2018</u>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

 None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <u>SEE ATTACHED</u> Creditor's name Street _____ City _____ State _____ ZIP Code _____			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. All transfers to parent were made <u>Insider's name</u> <u>pursuant to a mgmt agmt in exchange</u> <u>Street</u> <u>for reasonably equivalent value</u>			

City _____ State _____ ZIP Code _____

Relationship to debtor

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

None

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Debtor CD II Fashions, LLC _____ Case number (if known) 20-11101-mew
Name

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained _____

Does the debtor have a privacy policy about that information?

- No.
- Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Yankee Clipper Distribution of Brunswick</u> Name <u>2400 Route 1 North</u> Street	Address	Women's apparel	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
North Brunswick	NJ	08902	
City	State	ZIP Code	

Debtor CD II Fashions, LLC Name Case number (if known) 20-11101-mew

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

No

Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1. Lance Baran (Controller)

Name

1400 Broadway, 2nd Floor

Street

From Sept 2019 To present

New York

NY

10018

State

ZIP Code

<p>Debtor</p> <p>CD II Fashions, LLC</p> <p>Name _____</p> <p>Name and address</p> <p>26a.2. David Kim (Controller)</p> <p>Name _____</p> <p>Street _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Case number (if known) 20-11101-mew</p> <p>Dates of service</p> <p>From <u>March 2019</u> To <u>August 2019</u></p>
<p>Name and address</p> <p>26a.3. Mark Smith (CFO)</p> <p>Name _____</p> <p>Street _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>	
<p>Dates of service</p> <p>From <u>Sept 2019</u> To <u>March 2020</u></p>	
<p>Name and address</p> <p>26a.4. Anthony Barnes (Assistant Controller)</p> <p>Name _____</p> <p>Street _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>	
<p>Dates of service</p> <p>From <u>August 2019</u> To <u>June 2019</u></p>	
<p>Name and address</p> <p>26a.5. Eunice Sosa (Director)</p> <p>Name _____</p> <p>1400 Broadway, 2nd Floor</p> <p>Street _____ _____</p> <p>New York NY 10018 City State ZIP Code</p>	
<p>Dates of service</p> <p>From <u>July 2019</u> To <u>present</u></p>	
<p>Name and address</p> <p>26a.6. David Ramirez (CFO)</p> <p>Name _____</p> <p>Street _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>	
<p>Dates of service</p> <p>From <u>March 2018</u> To <u>August 2019</u></p>	
<p>26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.</p> <p><input type="checkbox"/> None</p> <p>Name and address</p> <p>26b.1. CBIZ MMH, LLC</p> <p>Name _____</p> <p>5 Bryant Park at</p> <p>Street 1065 Avenue of the Americas</p> <p>New York NY 10018 City State ZIP Code</p>	
<p>Dates of service</p> <p>From _____ To _____</p>	

Debtor CD II Fashions, LLC Case number (if known) 20-11101-mew

Name

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**26d.1. The CIT Group/Commercial Services, Inc.

Name

11 W 42nd Street

Street

New YorkNY10036

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No. Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Glenn Schlossberg</u>	<u>1400 Broadway, 2nd Floor New York, NY 10018</u>	<u>Manager</u>	
<u>Jump Design Group, Inc.</u>	<u>1400 Broadway, 2nd Floor New York, NY 10018</u>	<u>Parent</u>	<u>100%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
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30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

 No Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
<u>Jump Design Group, Inc.</u>	EIN: <u>1 3 - 3 6 2 3 3 0 3</u>

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

 No Yes. Identify below.

Debtor CD II Fashions, LLC
Name _____ Case number (if known) 20-11101-mew

Part 14: Signature and Declaration

WARNING --Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/29/2020
MM / DD / YYYY

X /s/ Glenn Schlossberg Printed name Glenn Schlossberg
Signature of individual signing on behalf of the debtor
Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

CD II FASHIONS LLC
Check Detail
February 4 - May 4, 2020

Date	Transaction Type	Num	Name	Clr	Amount
02/06/2020	Bill Payment (Check)	W020420	AEC APPAREL INC.	R	200,217.22
02/13/2020	Bill Payment (Check)	W021320	AEC APPAREL INC.	R	68,785.20
02/20/2020	Bill Payment (Check)	W021920	AEC APPAREL INC.	R	123,367.66
03/12/2020	Bill Payment (Check)	W030820	AEC APPAREL INC.	R	119,967.20
02/06/2020	Bill Payment (Check)	W020220	Ally NYC	R	204,794.80
02/12/2020	Bill Payment (Check)	W020820	Ally NYC	R	267,861.20
02/27/2020	Bill Payment (Check)	W022820	Ally NYC	R	94,840.10
03/06/2020	Bill Payment (Check)	W030520	Ally NYC	R	150,311.90
03/13/2020	Bill Payment (Check)	W031020	Ally NYC	R	135,962.08
02/21/2020	Bill Payment (Check)		643 AMERICAN EXPRESS	R	14,109.21
02/06/2020	Bill Payment (Check)	W020120	CHOUHDARY GARMENTS	R	499,869.31
02/12/2020	Bill Payment (Check)	W021120	CHOUHDARY GARMENTS	R	199,961.20
02/14/2020	Bill Payment (Check)	W021620	CHOUHDARY GARMENTS	R	147,886.68
02/20/2020	Bill Payment (Check)	W021820	CHOUHDARY GARMENTS	R	248,418.28
02/25/2020	Bill Payment (Check)	W022420	CHOUHDARY GARMENTS	R	403,789.06
02/27/2020	Bill Payment (Check)	W022920	CHOUHDARY GARMENTS	R	186,789.62
02/28/2020	Bill Payment (Check)	W023220	CHOUHDARY GARMENTS	R	202,245.34
03/04/2020	Bill Payment (Check)	W030120	CHOUHDARY GARMENTS	R	396,734.90
02/06/2020	Bill Payment (Check)	W020520	DESIGN COLLECTION, INC.	R	199,961.20
02/12/2020	Bill Payment (Check)	W020920	DESIGN COLLECTION, INC.	R	130,920.30
02/20/2020	Bill Payment (Check)	W022120	DESIGN COLLECTION, INC.	R	141,537.22
02/27/2020	Bill Payment (Check)	W022720	DESIGN COLLECTION, INC.	R	149,962.20
02/14/2020	Bill Payment (Check)	624	Etiwanda Logistics Inc	R	538.05
02/21/2020	Bill Payment (Check)	642	Etiwanda Logistics Inc	R	6,113.23
03/03/2020	Bill Payment (Check)	648	Etiwanda Logistics Inc	R	10,030.00
03/06/2020	Bill Payment (Check)	672	Etiwanda Logistics Inc	R	5,420.27
03/20/2020	Bill Payment (Check)	W031320	Etiwanda Logistics Inc	R	16,632.83
04/03/2020	Bill Payment (Check)	W04022020	Etiwanda Logistics Inc	R	5,000.00
04/10/2020	Bill Payment (Check)	W04032020	Etiwanda Logistics Inc	R	5,000.00

04/17/2020	Bill Payment (Check)	W04142020 Etiwanda Logistics Inc	R	5,000.00
04/24/2020	Bill Payment (Check)	W04132020 Etiwanda Logistics Inc	R	5,000.00
05/01/2020	Bill Payment (Check)	W050520 Etiwanda Logistics Inc	R	5,000.00
03/06/2020	Bill Payment (Check)	W030620 FINENESS ENTERPRISE CO., LTD.	R	60,453.20
02/20/2020	Bill Payment (Check)	W022220 G&C CO., LTD	R	122,665.22
02/07/2020	Bill Payment (Check)	610 GALAXY EXPRESS LLC	R	2,740.00
02/14/2020	Bill Payment (Check)	623 GALAXY EXPRESS LLC	R	6,795.00
02/21/2020	Bill Payment (Check)	641 GALAXY EXPRESS LLC	R	1,460.00
03/06/2020	Bill Payment (Check)	670 GALAXY EXPRESS LLC	R	3,855.00
03/06/2020	Bill Payment (Check)	667 ICCS & CO., LLC	R	4,898.15
03/20/2020	Bill Payment (Check)	684 ICCS & CO., LLC	R	5,073.01
02/07/2020	Bill Payment (Check)	609 JULE DESIGN STUDIO LLC	R	7,690.00
02/21/2020	Bill Payment (Check)	640 JULE DESIGN STUDIO LLC	R	7,690.00
03/06/2020	Bill Payment (Check)	664 JULE DESIGN STUDIO LLC	R	7,690.00
03/20/2020	Bill Payment (Check)	688 JULE DESIGN STUDIO LLC	R	7,690.00
04/10/2020	Bill Payment (Check)	W04042020 JULE DESIGN STUDIO LLC	R	6,932.02
04/17/2020	Bill Payment (Check)	W04112020 JULE DESIGN STUDIO LLC	R	2,383.55
02/27/2020	Bill Payment (Check)	W023020 NANTONG KYUEDA TRADING CO., LTD	R	194,291.20
03/06/2020	Bill Payment (Check)	W030320 NANTONG KYUEDA TRADING CO., LTD	R	165,546.80
03/12/2020	Bill Payment (Check)	W030720 NANTONG KYUEDA TRADING CO., LTD	R	119,961.20
02/21/2020	Bill Payment (Check)	637 OXFORD HEALTH PLANS	R	18,414.94
02/05/2020	Bill Payment (Check)	615 PERSUASION SALES AND DESIGN INC.	R	319,161.03
02/07/2020	Bill Payment (Check)	607 PERSUASION SALES AND DESIGN INC.	R	28,846.16
02/14/2020	Bill Payment (Check)	628 PERSUASION SALES AND DESIGN INC.	R	100,000.00
02/21/2020	Bill Payment (Check)	636 PERSUASION SALES AND DESIGN INC.	R	28,846.16
03/06/2020	Bill Payment (Check)	661 PERSUASION SALES AND DESIGN INC.	R	28,846.16
03/20/2020	Bill Payment (Check)	692 PERSUASION SALES AND DESIGN INC.	R	28,846.16
02/07/2020	Bill Payment (Check)	W020720 POLARIS Handelsgesellschaft. m.b.H.	R	199,506.44
03/06/2020	Bill Payment (Check)	W030420 POLARIS Handelsgesellschaft. m.b.H.	R	33,543.84
02/07/2020	Bill Payment (Check)	613 SBH FASHION, INC.	R	2,120.00
02/14/2020	Bill Payment (Check)	621 SBH FASHION, INC.	R	3,776.25
03/06/2020	Bill Payment (Check)	659 SBH FASHION, INC.	R	2,120.00
03/06/2020	Bill Payment (Check)	658 SETLOG CORP.	R	14,080.00
02/25/2020	Bill Payment (Check)	W022620 SHAOXING RANJIE TEXTILE CO. LTD.	R	66,558.78

02/14/2020	Bill Payment (Check)	W021720 TCW TRENDS, INC	R	137,945.20
02/06/2020	Bill Payment (Check)	W020320 TEMOST INVESTMENTS LTD.	R	499,033.40
02/12/2020	Bill Payment (Check)	W021020 TEMOST INVESTMENTS LTD.	R	199,760.20
02/14/2020	Bill Payment (Check)	W021520 TEMOST INVESTMENTS LTD.	R	148,624.22
02/25/2020	Bill Payment (Check)	W022320 TEMOST INVESTMENTS LTD.	R	134,961.20
02/27/2020	Bill Payment (Check)	W023120 TEMOST INVESTMENTS LTD.	R	176,656.20
02/28/2020	Bill Payment (Check)	W023420 TEMOST INVESTMENTS LTD.	R	195,004.50
03/04/2020	Bill Payment (Check)	W030220 TEMOST INVESTMENTS LTD.	R	302,164.36
02/07/2020	Bill Payment (Check)	W020620 TIMEX GARMENTS (PVT) LTD	R	165,751.20
02/20/2020	Bill Payment (Check)	W022020 TIMEX GARMENTS (PVT) LTD	R	5,844.20
03/13/2020	Bill Payment (Check)	W030920 TIMEX GARMENTS (PVT) LTD	R	53,112.60
02/25/2020	Bill Payment (Check)	W022520 VSG KOREA CO., LTD	R	27,091.10
02/28/2020	Bill Payment (Check)	W023320 VSG KOREA CO., LTD	R	8,354.24
02/07/2020	Bill Payment (Check)	604 VSR SYSTEMS, INC.	R	2,250.00
02/14/2020	Bill Payment (Check)	620 VSR SYSTEMS, INC.	R	1,762.80
02/14/2020	Bill Payment (Check)	629 VSR SYSTEMS, INC.	R	7,000.00
03/20/2020	Bill Payment (Check)	696 VSR SYSTEMS, INC.	R	2,387.80
04/17/2020	Bill Payment (Check)	W04122020 VSR SYSTEMS, INC.	R	500.00
02/12/2020	Bill Payment (Check)	W021220 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	24,043.68
02/14/2020	Bill Payment (Check)	618 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	34,623.57
02/21/2020	Bill Payment (Check)	633 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	14,024.43
03/03/2020	Bill Payment (Check)	650 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	36,575.41
03/06/2020	Bill Payment (Check)	651 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	65,284.74
03/20/2020	Bill Payment (Check)	W031420 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	43,070.85
04/03/2020	Bill Payment (Check)	W04062020 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	25,000.00
04/10/2020	Bill Payment (Check)	W04072020 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	25,000.00
04/17/2020	Bill Payment (Check)	W04082020 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	25,000.00
04/24/2020	Bill Payment (Check)	W04092020 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	25,000.00
05/01/2020	Bill Payment (Check)	W05012020 YANKEE CLIPPER DISTRIBUTION OF BRUNSWICK	R	25,000.00

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
MANHATTAN DIVISION**

In re **CD II Fashions, LLC**Case No. **20-11101-mew**Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$15,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$15,000.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify)
Debtor's parent Jump Design Group, Inc.

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/29/2020

Date

/s/ Ethan D. Ganc

Ethan D. Ganc
Law Office of Ethan Ganc
99 Madison Avenue
Suite 5009
New York, NY 10016
Phone: (212) 929-7500 / Fax: (646) 626-6410

Bar No.

/s/ Glenn Schlossberg

Glenn Schlossberg
Manager